

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6500

1754

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>9 1/2 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>6578 Hoffman Av.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Waldo</u> b. (Middle) <u>P</u> c. (Last) <u>Muench</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Married</u> (Specify)		8. DATE OF BIRTH <u>9-4-1880</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR (Months) <u>5</u>		IF UNDER 12 HRS. (Hours) <u>19</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Water Dept.</u>		11. BIRTHPLACE (State or foreign country) <u>Augusta Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>Am. Africa</u>	
13a. FATHER'S NAME <u>George Muench</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Walda</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Walda Muench</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> * ANTECEDENT CAUSES <u>General Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS * Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ <u>St. Louis</u> <u>Mo</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar. 1, 1947</u> , to <u>Feb. 23, 1949</u> , that I last saw the deceased alive on <u>Feb. 23, 1949</u> , and that death occurred at <u>10.25 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. H. Meyers M.D.</u>				23b. ADDRESS <u>539 N. Grand St. Louis</u>		23c. DATE SIGNED <u>10/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Feb. 26 1948</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE REC'D BY LOCAL <u>FEB 24 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Linscott</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mort 6464 Chippewa</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

True

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.